

5-03285A-99-000001P0

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
  2. ☐ Restricted Delivery
- Consult postmaster for fee.

AIBA

7137 S 7<sup>TH</sup> PLACE  
PHOENIX AZ 85040

4a. Article Number  
0618184758

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ARIZONA CORPORATION COMMISSION  
1200 W. Washington - Unit. Div./Docket  
Phoenix, Arizona 85007-2996

AUG - 4 1999

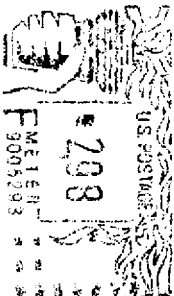
P 618 284 758

**CERTIFIED**

Fold at line over top of envelope to the right of the return address

**MAIL**

AIBA  
7137 S 7<sup>TH</sup> PLACE  
PHOENIX AZ 85040



DOCUMENT CONTROL

AUG 3 1 31 PM '99

AZ CORP 0001

REC'D